

Right-of-Way Use Permit Application



www.redmond.gov/row

ALL FIELDS REQUIRED—ONLY COMPLETED APPLICATIONS WILL BE REVIEWED

APPLICANT INFORMATION

Business: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Email: _____

ADDITIONAL CONTACTS INFORMATION

If you would like additional contacts to be included on this permit application, please enter here:

Name: _____
Email: _____
Name: _____
Email: _____

CONTRACTOR INFORMATION

Business: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Email: _____
Redmond Business License: _____

BILLING CONTACT

Business: _____
Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Email: _____

DESCRIPTION OF WORK

Work to be completed:

Location of work (Address or Intersection): _____

Project Name: _____ Utility Reference Number: _____

Estimated Start Date: _____ Number of Working Days: _____

SEE [APPLICATION SUBMITTAL REQUIREMENTS](#) FOR MORE INFORMATION

OWNER OR AUTHORIZED AGENT

THE UNDERSIGNED AGREES TO HOLD HARMLESS the City of Redmond, its officers, agents and employees from any and all claims or liability of any nature whatsoever for injury to or death of any person or damage to any property real or personal, arising out of this work, including claims by the applicant's employees.

Print Name: _____ Date: _____

Signature: _____